

UNITED STATES DISTRICT COURT

for the  
< \_\_\_\_\_ > DISTRICT OF < ALASKA AND NEW JERSEY

<Name(s) of plaintiff(s)>

FESTUS O. CHAN Plaintiff(s)

v.

<Name(s) of defendant(s)>

AMERICAN MEDICAL ASSOCIATION, NATIONAL  
BOARD OF MEDICAL EXAMINERS, NATIONAL  
FEDERATION OF STATES MEDICAL BOARD, AMERICAN  
HOSPITAL ASSOCIATION, ASSOCIATION OF AMERICAN  
MEDICAL COLLEGES. Defendant(s)

) Case No. <Number>

) 3:23-cv-00047-SLG

**AFFIDAVIT ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: 

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: May 23, 2023

My issues on appeal are: YOUR DISTRICT COURT OF ALASKA HAVE

JUDGES WITH MIGHTY PERSONAL PROBLEMS. THIS CASE WAS IN NEW JERSEY AND CASE WAS IN ARBITRATION TO  
DETERMINE AMOUNT TO BE PAID TO ME AFTER FEDERAL GRAND JUROR  
AND BEING KILLED AT THIS TIME. I EXPLAINED THE CASE WHEN SEVERELY INJURED

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received ~~semi-monthly~~ weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use ~~semi-monthly~~ ~~gross amounts~~, that is, amounts before any deductions for taxes or otherwise.

1. Pay/Wages	Employer(s) (including self-employment)	Gross Annual Pay/Wage
You	ANCHORAGE SCHOOL DISTRICT 5536 E. NORTHERN LIGHTS ANCHORAGE, ALASKA 99504 PHONE (907) 742-4116 \$5,140	\$ 5,140 (for 2020 and 2022, 40%)
Spouse	UNMARRIED	\$ 202

2. Select whether you or your spouse have received income from the below sources over the past 12 months. If yes, on an attached sheet, identify each source of money and the gross amounts you or your spouse (1) have received over the past 12 months and (2) expect to receive in the future.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Income from real property  |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Interest or dividends  |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Alimony or child support   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Retirement (including social security, pension, or annuity) \$8000<br>Year   |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | Disability or worker's compensation  |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Public Assistance or welfare (including unemployment)                        |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Inheritance or life insurance  |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Gifts  |
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Other sources <i>ASD part time<br/>from to June<br/>July 2022 for summer</i> |

3. Are you currently incarcerated? *BUT I HAVE BEEN HELD  
HOSTAGE SINCE AGE 4 AFTER  
I WAS COMPREHENSIVELY TRAINED A  
PRINCE BY PARENTS SINCE AGE OF 4.*

Yes       No      If yes, you must (1) complete and submit Form 6A (Supplemental In Forma Pauperis Form for Prisoners Authorization) and (2) attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, attach one certified statement of each account.

4. Describe and identify the value of any property, holding, or other thing of value owned by you or your spouse that exceeds \$1,000 in current worth.

THE ENTIRE WORLD FOR MY PARENTS BUT,  
ARE HELD AT 100% BY INVADERS - LAND  
AND OTHER TREASURIES.

5. Identify the names (or initials, if under 18) of all persons who are dependent on you or your spouse for support, their relationship to you, and your contribution to their support.

NONE EXCEPT FOR MY BUSINESS CALLED  
CONSULTANT CONSORTIUM CORPORATION  
WHICH DEFENDANTS ARE HOLDING SINCE  
MY AGE OF 4 AND ABSOLUTELY NOTHING  
COMING TO ME BUT TO SPEND MY LIFE-LINE  
EARNINGS ON IT.

6. Identify any debts, financial obligations, or monthly expenses for you and your spouse.

I AM OWING APPROXIMATELY \$3,000  
ON MY CREDIT CARD FROM MY BANK -  
WELLS FARGO BANK INC.

7. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes       No

If yes, describe below.

ANCHORAGE SCHOOL DISTRICT IS NOW SHOT DOWN FOR BUSINESS UNTIL AUGUST 28, 2023 FOR THE SUMMER AND AS A SUBSTITUTE TEACHER, I RECEIVE NOTHING AND ABSOLUTELY NO RETIREMENT BENEFITS.

8. Total amount of money you and your spouse have in cash, checking accounts, or savings accounts: \$ ~ 1,200.00

9. Have you ever filed a motion for leave to proceed in forma pauperis in any other case in this court?

Yes

No

If yes, identify the docket number(s): \_\_\_\_\_

#### DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States that my answers on this form are true and correct. See 28 U.S.C § 1746.

Date: 5/23/2023

Signature: 

Name: FESTUS O. O'HAN local  
BAR EXAMINER # 114445  
~~LEGAL~~ # 555-41-2496  
local NH  
JUDICIAL # M09-G04586  
cont'lous  
DOJ # 569460  
NBBMF # 3533365  
n/a

## UNITED STATES DISTRICT COURT

for the

< \_\_\_\_\_ > DISTRICT OF < ALASKA >

&lt;Name(s) of plaintiff(s), )

)

FESTUS O. OHAN Plaintiff(s) )  
V. )

AMERICAN MEDICAL ASSOCIATION, )

Case No. &lt;Number&gt;

&lt;Name(s) of defendant(s), )

NATIONAL )

BOARD OF MEDICAL EXAMINERS, FEDERATION )

OF STATE MEDICAL BOARD, Defendant(s) )

AMERICAN HOSPITAL ASSOCIATION )

ASSOCIATION OF AMERICAN MEDICAL COLLEGES )

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Signed: 

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: May 23, 2023

*I REQUESTED THAT THIS CASE SHOULD NOT BE ASSIGNED TO JUDGE SLG AND THEY DID ANYWAY.*

My issues on appeal are: YOUR DISTRICT COURT OF ALASKA HAVE

JUDGES WITH MIGHTY PERSONAL PROBLEMS. THIS CASE WAS IN NEW JERSEY AND CASE WAS IN ARBITRATION TO DESIDE AMOUNT TO BE PAID TO ME AFTER FEDERAL SETTLEMENT DECISION. THEY ADMITTED FAULT BUT I WAS BEING SEVERELY INJURED AND BEING KILLED AT THIS TIME. I RENEWED THE CASE WHEN I WAS

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received ~~sometime~~ ~~RECENTLY~~ weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use ~~gross amounts, that is, amounts before any deductions for taxes or otherwise.~~

DAY TODAY  
PART TIME SUBSTITUTE TEACHER

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$1,200	\$	\$ 0	\$
Self-employment	\$ 0	\$ 0	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$
Interest and dividends	\$ 0	\$ 0	\$ 0	\$
Gifts	\$ 0	\$ 0	\$ 0	\$
Alimony	\$ 0	\$ 0	\$ 0	\$
Child support	\$ 0	\$ 0	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 670	\$ 0	\$ 670	\$
Disability (such as social security, insurance payments)	\$ 0	\$ 0	\$ 0	\$
Unemployment payments	\$ 0	\$ 0	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$
Other (specify):	\$ 0	\$ 0	\$ 0	\$
<b>Total monthly income:</b>	<b>\$ 1,870</b>	\$	<b>\$ 670</b>	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
ASD	SAME	2021	\$1200
ASD	same	2022	\$ 5,100
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
W M MCR + ED			\$
W M			\$

4. How much cash do you and your spouse have? \$ 1,200

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
WELLS FARGO BANK	CHECKINGS	\$1,200.00	\$
WELLS FARGO BANK	SAVINGS	\$310.00	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ 300.00
None	0	Make and year: 2001 CHRYSLER
		Model: PT CRUISER
		Registration #: LBD 881

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:	N D	
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE EXCEPT FOR DEATH	\$	\$
FOR DEATH	\$	\$
SPouse BROTHER	\$	\$
SPouse THEY WERE	\$	\$
ARE THEY DEAD	\$	\$
ME DEAD	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
D JONE		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 335	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$

12

Home maintenance (repairs and upkeep)	\$ <i>0</i>	\$
Food	\$ <i>300</i>	\$
Clothing	\$ <i>50</i>	\$
Laundry and dry-cleaning	\$ <i>10<sup>00</sup></i>	\$
Medical and dental expenses	\$ <i>50</i>	\$
Transportation (not including motor vehicle payments)	\$ <i>100</i>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>120</i>	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ <i>0</i>	\$
Life:	\$ <i>0</i>	\$
Health:	\$ <i>0</i>	\$
Motor vehicle:	\$ <i>0</i>	\$
Other: <i>Auto Insurance</i>	\$ <i>120</i>	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$ <i>0</i>	\$
Credit card (name): <i>WELLS FARGO VISA</i>	\$ <i>180</i>	\$
Department store (name): <i>CAMP GYM COURT CASES</i>	\$ <i>0</i>	\$
Other: <i>CONSULTANT CONSULTANT</i>	\$ <i>300</i>	\$
Alimony, maintenance, and support paid to others	\$ <i>0</i>	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): <i>MAILING, PRINTING ETC COURTS</i>	\$ <i>435</i>	\$
<b>Total monthly expenses:</b>	<b>\$ <i>2000</i></b>	<b>\$</b>

*2,375 Court expenses are temporary. I will reduce amount to credit card and others this summer*

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes [ ] No      If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? [ ] Yes  No

If yes, how much? \$ \_\_\_\_\_

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. THE SCHOOL DISTRICT (ASD) IS CLOSED THIS SUMMER AND I AM ONLY A DAY TO DAY PART TIME SUBSTITUTE TEACHER. THE U.S. IS AL ~~ARE~~ HOLDING ME HOSTAGE SINCE AGE 4 AND DOING 12. State the city and state of your legal residence. INTELLECTUAL STEAL FOR I AM NOT A HUMAN.

ANCHORAGE, ALASKA

Your daytime phone number: (907) 722-4929 Home  
(360) 390-8921 Cell

Your age: 67 Your years of schooling: I AM YOUR BEST (POST GRADUATE DOCTORATE)

Last four digits of your social-security number: 2190